

Shrink Rap Radio #50, September 9, 2006. Ericksonian Hypnotherapy & Solution-Oriented Therapy

Dr. David Van Nuys, aka “Dr. Dave” interviews Bill O’Hanlon
(transcribed from www.ShrinkRapRadio.com by Jo Kelly)

Excerpt: *“Erickson did many, many things but one of the things he did was he tried to find what was working in people’s lives; what resources and abilities they had. He was really a resource oriented therapist at base. And that influenced me so much, because what I was learning in graduate school and undergraduate school was pathology. What was wrong with people, what had damaged people, what genetic problems they had, what biochemical problems they had, what personality problems they had, what traumas they had suffered, what bad environments they’d been in, or where they were stuck. It’s useful stuff to know I think, but sometimes when we focus on it we lose one part of the therapeutic benefits of things, which is people get discouraged; and we know that hope and positive expectancy has a great deal to do with positive outcomes in psychotherapy.”*

Introduction: That was the voice of Bill O’Hanlon. I first heard about the work of Bill O’Hanlon, M.A. from my friend, Dr. Ron Alexander. I don’t know how I missed him before, inasmuch as I’ve long been a fan of the work of Milton Erickson and Bill is one of the main expositors of that work. Bill is the author of 27 books, several of which are about the work of famed hypnotherapist, Milton Erickson. Out of that work, Bill has developed his own psychotherapeutic approach, which he calls Solution-Oriented Therapy. His clinical work is recognized for its collaborative, respectful approach to clients.

He is known for his storytelling, his irreverent humor, his clear and accessible presentation style and his psychotic enthusiasm for whatever he is doing. And by the way, that description of psychotic enthusiasm is his wording, not mine: it comes off his website www.brieftherapy.com Bill conducts workshops all over the U.S. and internationally, as well. In 1999, he appeared on Oprah with his book, *Do One Thing Different: Ten Simple Ways to Change Your Life*. He has also appeared on The Today Show, Canada AM, and Body By Jake. His work has been featured in Ladies Home Journal, New Woman, Newsweek, Bottom Line, Self and The Psychotherapy Networker.

For further reading, take a look at his *Taproots: Underlying Principles of Milton Erickson’s Theory and Hypnosis*.

Dr. Dave: Bill – welcome to Shrink Rap Radio.

O’Hanlon: Thanks for having me here.

Dr. Dave: Well Bill, you’ve had such a diverse and prolific career that it’s going to be extremely challenging to try to capture it in an interview of a half hour or so. The pieces I’d like to touch on are your work with Ericksonian hypnosis and therapy, then moving on to your involvement with NLP, and then on to your more recent work developing Solution-Oriented Therapy.

So let’s start out with Milton Erickson. I’m not sure how many of my listeners will have even heard of Milton Erickson.

O’Hanlon: Well it’s good that you used his first name, because a lot of people when you say Erickson think of Erik Erikson, who was a prominent psychologist who made a great contribution to the field, but Milton Erickson, also Scandinavian, but a whole different can of worms.

Dr. Dave: That’s right; so can you give us a quick education about who he was, why he was so significant, and why we are still talking about him today even though he passed away some years ago.

O’Hanlon: Well he was a psychiatrist, a psychologist, actually he was trained in both fields; he had an M.A. in psychology which he got simultaneously with getting his M.D. and he later went on to become a psychiatrist. That was in the 20s and the 30s when he did his training. At the time there wasn’t much in the way of medication, so psychiatry was either psychoanalysis, or as they called it asylum running; you ran an asylum or you worked in and asylum where they put the crazy people. It was like a snake pit, in some ways. It wasn’t always as bad at every institution, but Erickson worked in those institutions and tried to make it more humane, and also tried to work out clinical ways of helping people without medications, before they had a lot of the tools.

He wasn’t that big on psychoanalysis; he was a farm kid from Wisconsin, and he was a lot more practical. He just thought there’s got to be a more practical than having people be on a couch free associating for years. And he came up with very creative ways of working with some of the most difficult people.

Then in his 40s he moved to Phoenix and was more in private practice – he had health problems, which we’ll talk about probably for a moment – and

he opened a private practice after he left the Arizona State Asylum, where he was the director for a little while, the medical director; and was in private practice from the late 40s until his death in 1980. He gave up his practice a few years before but he still saw students in Phoenix, Arizona which is where I met him. I was at Arizona State University, and he came to buy something at the art gallery where I was working as a work study student; and I came across his work and I was very, very intrigued because it was different from what I was learning in my psychology program at Arizona State.

Dr. Dave: I'll bet it was different. There are so many Erickson miracle stories, of his fantastic interventions; I wonder if you recall one or two that you could share with us?

O'Hanlon: Yes, that's actually the challenge of studying Erickson's work. Jeff Zeig said that as Freud was to the theory of psychotherapy, Erickson was to the clinical practice of psychotherapy; he was just endlessly creative. But also he was a little weird is all I can say, not to be disrespectful, but he was so creative he came at things at a sideways way, rather than a straight forward way. He liked to create a new intervention for each person that he worked with, so it made it a little challenging to work with him.

The other thing I should mention: some of the stories are like movies, and they are weird movies, in terms of they sound so unbelievable and so amazing that if you were a student of his, or if you read about his work, probably one of the best books is *Uncommon Therapy* by Jay Haley. I read that book and I had two simultaneously opposite responses: I was exhilarated, and I was so excited about his work; at the same time I was very discouraged, because I thought I will never be able to do what this guy does.

Dr. Dave: Well there's a third reaction that I had. I had both of those two, but there's been a lingering scepticism to be honest: was he prone to exaggeration at all? (laughing) How much hyperbole is in there?

O'Hanlon: I don't think he was; anyone who tells a story, sometimes they edit the story, or sometimes they combine them. But on your side of the fence is Albert Ellis, who I met with briefly when I went to New York one time; we had a mutual acquaintance. And the mutual acquaintance got us together and he said "you don't believe any of those Erickson stories do you?" Ellis said, and I said yes, I do believe them. And he said "They are totally made up; that couldn't happen, that's not the way psychotherapy

goes.” Well it certainly isn’t the way psychotherapy goes for Ellis; but the truth is I don’t know.

Jeff Zeig investigated – Jeff Zeig is the head of the Erickson Foundation, and one of Erickson’s followers and disciples who took over the mantle of Erickson’s work after he died – he investigated some of these cases that sounded so incredible, and was able to find a factual basis for them.

Dr. Dave: Oh good.

O’Hanlon: So he did investigate a few, but that still doesn’t say that they were all true. I will tell you this though: because I was so discouraged but also so inspired when I read about Erickson’s work and learned about it from him, I began to work in this way, and I have truly had not exactly the same things that Erickson had, but I have had some amazing results in a short amount of time. So at least theoretically some of them are possible.

But let me tell you the story that grabbed me about Erickson, because I could tell you Erickson stories for years, for way more than half an hour. I was in that art gallery, working, and Erickson came up to buy an art object that he had collected. He collected Seri Indian wood carvings, hardwood carvings from the Sonoran Desert – they sold them at the art gallery at which I worked.

Dr. Dave: OK.

O’Hanlon: When he left I helped him down to his car; when I came back to the art gallery my fellow student who was a work study student there said “do you know who that was?” I said, no. They said, “you should – he’s a famous psychiatrist, and you’re in psychology.” And they showed me an article that was in Time Magazine that week – a strange coincidence, it was sort of kismet or fate that I would meet him and that this article would be right there – and it described a case that totally intrigued me, and hooked me for the rest of my life on Erickson. Because it was so different, and because he seemed fearless, and creative, and also respectful in a certain way; even though he was sometimes quite challenging of his patients.

This woman was suicidal: she had been raised by parents who let her know clearly she was an accident and they didn’t really want her; but they raised her minimally, they fed her, they clothed her, they sent her to school, no love, no affection. They had died when she was in her mid 20s, and she had just drifted since then. She didn’t have any close relatives, she didn’t have any close friends; she worked at a job, but she didn’t really love her work.

After some years, in her late 20s she came to Erickson and said, “I’ve made a rational decision that life isn’t worth living, and I’m going to kill myself in three months. But I thought any person should examine this” – this is a pretty serious decision – “any person should examine this with the help of a psychiatrist, from every angle, to make sure it’s the right decision, because it’s irrevocable; and I would like your help. I would like you to agree not to try and stop me from killing myself, but to help me examine whether life is worth living; or whether I have made the right decision.” So Erickson agrees, if she agrees to follow all of his directives, as long as they are not unethical or immoral or illegal. She agrees, and off they go.

She doesn’t have much to say about her life: she doesn’t have any happy memories; she doesn’t like herself very well, in fact she thinks she is quite disgusting and that no one will like her, no one would ever marry her, no one would be a friend with her. And one of the worst things, she thinks, is that she has an eighth of an inch gap in her two front teeth that she considers to be hideous, and deforming, and that is partly what makes her so ugly. Erickson looks at it and can barely see this gap in her two front teeth. But he says OK, in the first session, your assignment is to go home, and while you’re in the shower practice squirting water through that gap in your teeth until you can squirt it with an accuracy of eight to ten feet. Now this is different from any psychiatrist she has ever heard of.

Dr. Dave: I would say so.

O’Hanlon: She thinks it’s pretty weird, but he reminds her of her agreement to co-operate fully with treatment, as long as it’s not unethical or illegal or harmful. So they go on, and he can’t get much out of her about her childhood, and he says, tell me about your life now: and she tells him. One of the things she says intrigues him – because she works at a construction firm, she works as a receptionist secretary – and he said is there anything you like about your work or dislike? And she says “well it’s ok, but there is a guy at work who bugs me all the time; when I go to the drinking fountain he always seems to make an excuse to go to the drinking fountain and try and talk to me, and I quickly beat a retreat to my desk, because I know he’s just laughing at me”.

So Erickson gets the idea that maybe this guy is interested in her; and he asked her, do you have any money saved? And she has five thousand dollars saved; now this case is from the 1950s so five thousand dollars is a lot of money. And he says, what’s going to happen to that money when you die? And she says, “I don’t know, I don’t care; it will go to the state, I don’t have any relatives, or anybody I care about, or any charities I really care

about”. He says, why don’t you spend some of that money, and indulge yourself and have a good time? She says, “What for?” He says, well I’m your psychiatrist and I’m prescribing that.

So he gets her set up with a clothing shop, that gives her a total makeover; he gets her set up with a beauty salon that gives her a makeover with her hair, and tells her how to do her makeup, and her hair, and her nails and things like that. She’s looking better, and she’s feeling a little better, but still life isn’t worth living. So Erickson says, tell me about one good memory. She says, “I don’t have any good memories.” He says, well no one should die without at least one good memory; let’s create one for you. She says, “Well, that’s impossible”. He says, no it’s not impossible.

Here’s his plan. On Monday morning she’s to get dressed up in her best clothes, fix her hair, do her makeup, do her nails, and she is to go to work. When she goes to the drinking fountain and that guy shows up, she’s to get a mouthful of water, and she’s to squirt it at him through the gap in her teeth. She’s to take one step towards him, and turn around and run like hell. This appals her; no way is she going to do this. But he reminds her of her agreement, and finally she reluctantly agrees to do it.

Of course she does it on that Monday morning. She follows his instructions exactly: squirts the water through the gap in her teeth at this guy, takes one step towards him, turns around and runs. And he runs after her and catches her, spins her around and gives her a kiss, which totally discombobulates her. Which ultimately leads to a flirtation that begins at work and ends with them going out on a date; which totally blows her mind and begins to make a dent in this idea that no one could ever love her, no one could ever like her, and she gives up her suicide plans.

Now I close the magazine that I’m reading, and I’m thinking – they’re not teaching me that in psychology school.

Dr. Dave: (laughing) Right.

O’Hanlon: I don’t know where he came up with that; how he got the guts to do something like that; how he thought of something that creative; how he knew it would work. And to go back to your earlier question: number one, I was intrigued; number two, I couldn’t figure out how he did it. I know how he did it now, because I’ve studied it for many years and I have written many books about it. But also, I think that he didn’t tell us the stories of the people he told to squirt the water through the gap in her teeth – and she killed herself. I think one of the things that Erickson liked to pay

attention to was what worked. So he told lots of stories about what worked, and we didn't hear too many stories about his clinical failures.

Dr. Dave: Ah hah.

O'Hanlon: But the ones that worked were very, very intriguing. A lot of them were like that; some of them even weirder, where he learned to talk word salad, like a schizophrenic patient of his was talking, and started to communicate to this guy in his own language of word salad.

Another guy who would move compulsively, and who had been a successful businessman; Erickson changed the movements, got the guy interested in woodworking and ultimately got him out of hospital.

He had so many creative interventions; he would just use what people were already doing, or what they thought was a problem: like the gap in the teeth, like the word salad, like the compulsive hand movements. And he would channel them into creative and productive endeavours to help people move out of their problems. And he had such a philosophy that ultimately – we'll talk about this in a little while – I came up with an approach called Solution-Oriented Therapy, that was based on one part of what Erickson did, which was to find people's resources, strengths, their abilities rather than their deficits, or pathologies or problems or traumas.

Dr. Dave: Wow (laughing). That's a great recap, and if listeners are interested in learning more of these stories, you mentioned Jay Haley's book, *Uncommon Therapy* which has a wonderful collection of them. Also I started reading one of your books, and unfortunately I don't have it in front of me, and so I don't recall the title.

O'Hanlon: Taproots?

Dr. Dave: Taproots, yes.

O'Hanlon: Taproots was a book that I wrote about Erickson's hypnosis and therapy. He did hypnotherapy and hypnosis, as well as psychotherapy and sometimes he combined them and sometimes they were separate. I tried to find the patterns – and we are going to talk about Neurolinguistic Programming in a minute – but I had learned from Neurolinguistic Programming actually before I studied with Erickson, to look for patterns, to search for patterns.

Dr. Dave: Oh, OK.

O'Hanlon: And I didn't think anyone had gotten Erickson's patterns as completely – Bandler and Grinder who started Neurolinguistic Programming got some of them; Jay Haley got a few of them; and there were a few other people who articulated a few – but I didn't think anybody had a great overview of Erickson's patterns.

So I don't have a great tolerance for confusion, and Erickson's specialty was confusion. So in the five years after he died, I devoted myself to figuring out what the heck he was doing, that I couldn't figure out. He taught like a Zen master; he wouldn't explain anything; he just gave you experiences. That way was great learning, but in another way for cognitive purposes, or to teach it to anybody else, except if you were going to communicate it, again like a Zen master does one on one, it was very hard to teach. I wanted to teach everybody because I was so excited about Erickson's work I wanted everybody in the world to know about it. So I spent five years obsessing about it, reading it over and over again, listening to the tapes that I had made, tapes that other people had made. I made sense of it in a particular way, which is what that book, *Taproots* was about.

There is another great book about Erickson, not by me but by Sidney Rosen, called *My Voice will go With You* – which is a collection of stories that Erickson told, that some of them are clinical, some of them are just life stories. They are quite charming. I had a friend who would read those stories to his child as bed time stories.

Dr. Dave: (laughing) Oh my goodness.

O'Hanlon: And his kid wanted to hear them over, and over and over again. I don't know what his kid grew up like (laughing) I've lost touch with him but I'm sure that kid is either creative or warped in a particular way.

Dr. Dave: Yes; I wish I had discovered your book earlier. You do a wonderful job of extracting basic principles.

O'Hanlon: Thank you.

Dr. Dave: I'm not in clinical practice anymore, but I would have found it very valuable at the time that I was.

So you went on, actually after that encounter in the art gallery where you were working, I believe you went on to become his gardener, as a way to get inside, right?

O'Hanlon: Well yes, as a way to get inside, because I didn't have any money. By then I was in undergraduate school, just finishing up in my psychology degree, I got a bachelors in psychology; and because of the influence of Jay Haley's book – which was mostly about the family therapy aspects of Erickson's work, or the family oriented aspects of Erickson's work – I became a committed family therapist. I should be committed I guess, because that was a crazy approach at the time, and it was very new. I got my masters in family studies, which was the only degree I could get that was compatible with family therapy, and couples and family therapy at the time. So I went out of psychology, and into marriage and family therapy, and I got a masters in that.

While I was studying that I didn't have any money, I was studying full time, and Erickson allowed me to become his student – because I couldn't pay him – by bartering with me and letting me to do his gardening. So I was able to spend a fair amount of time with him, much more than I would have I guess if I were just a student, which I would come out once a week.

He loved the garden, he loved nature and outdoors, and he would sit out. By the time I knew him he was in a wheelchair – he had had polio earlier in his life, and had post-polio syndrome later in his life – and he had muscle deterioration so he was in a wheelchair, and he couldn't breathe very well, sometimes couldn't talk very well, and was in a great deal of pain. But it sort of seemed to take him out of his pain to spend time in the garden; and talking to people, and being with people was very much a distraction for him from his pain.

Dr. Dave: Yes; you said he was like a Zen Master, and this is reminding me of the Karate Kid and Mr Miyagi and you're doing wax on wax off.

O'Hanlon: It was like that.

Dr. Dave: (laughing) I wonder if there's any interaction you could tell us.

O'Hanlon: Yes, alright I'll tell you one story – there were about ten, so we don't have time to go into all of them, so I'll tell you one.

Dr. Dave: OK, good.

O'Hanlon: I had written Dr. Erickson a letter saying, "I think somebody should write the story of your life; it's quite inspiring". He got polio and they told him he was going to be paralyzed for life and he didn't accept that,

and he learnt to walk visually – it's a long story, so I won't go into it. Then he got post-polio syndrome and he got paralyzed again, and he got himself to recover again even though they said he was paralyzed, and he walked the long walk of the Grand Canyon. Now some of your listeners will have done the short walk in the Grand Canyon, the hike down, which is a long walk. But he walked a different route, which was the long walk, on two canes to rehabilitate himself.

He had a great willpower, and he had an interesting life. He'd been born in a boom town in Nevada, which no longer exists, a place called Aurum, Nevada. And the boom town went bust, and his parents and family migrated east in a covered wagon: he said that maybe accounted for the fact that he did everything backwards in his life, because they migrated east in a covered wagon instead of west.

So I thought his life was fascinating. So I wrote him the letter that I wrote him to become his student: maybe I should write your biography because I think your life story is fascinating; maybe I should write an article for Psychology Today for you – that would be interesting.

So I think he was scoping me out, and one of the times that I was there he gave me a task that was close to impossible. After showing me his scrapbooks, and all about his life – he got me to get them down from the bookshelf and we went over them – he brought me out to the backyard and he showed me a carport. I don't know, again, if your listeners are not from the southwest they may not be able to relate to this. But in the southwest, the dirt is not like dirt in other parts of the country; it is like concrete. It has a layer called coleche, which is where the minerals leech down when it rains or when the ground gets wet, and they form a concrete like layer. Sometimes it's an inch below the ground, sometimes it's a foot below the ground, and you have to almost have dynamite to get through it – it's really hard.

Dr. Dave: Wow.

O'Hanlon: So he showed me his former carport, where his kids had parked their cars when they were growing up, now they were all gone; and he said I want to turn this bit into a garden. Now it was just dirt and a few rocks, and he sent me out there with a shovel, and a potato digger – like a pitchfork – and hoe, and a hose. And I soaked it down, and I would jump on that potato digger, or on that shovel; or I would smash that hoe into the ground; I also had a pick axe. I couldn't get more than a quarter of an inch down and that thing would just bounce right off. I was a skinny, skinny, a not very athletic

or strong kid; I could not get through it – I worked out there for three hours, and he finally came out and said, OK you can stop now. And he never brought up doing his biography again; I think he knew that I wasn't ready. He didn't say, "I'm testing you out to see if you are able to do this task, of writing my biography because somebody should write it." He never said that; but he would do things like that. My first task for him was in his garden, I had to get the nutgrass out of the roses; so if you want to think about metaphors, that's a very interesting metaphor.

Dr. Dave: (laughing) Yes.

O'Hanlon: For a psychotherapist in training to get the nutgrass out of the roses. I didn't even know what nutgrass was.

Dr. Dave: Right; I don't either (laughing). I'll bet you do now though.

O'Hanlon: (laughing) I know it better than I want to know it, because it's a grass, again, that's really hard to get out. You can pull out the stalks of it, but there's a nut about a quarter of an inch below the ground, and if you don't get down to that and pull it out it will just grow again.

So I spent a lot of hours, and he loved it. He was out there talking to me about everything, and telling me stories; and at the time I didn't know, is this guy just senile? Is he hypnotising me?

Dr. Dave: (laughing) Right.

O'Hanlon: Is he telling therapeutic stories? Is he telling me life changing stories? Obviously after I spent a while with him it started to sink in. Even though I couldn't articulate what he taught me, I felt that I was a better therapist, I was more confident, I was more creative, and I also started to look at people a little differently. I started to look at what worked with them, rather than what was wrong with them.

Dr. Dave: Now I think on your website I read that you two eventually fell out, over a theoretical difference. Is that right?

O'Hanlon: No that's not exactly right.

Dr. Dave: OK.

O'Hanlon: He and I got along just fine. He wasn't much of a doctrinaire person; he didn't have a particular fixed approach, so he didn't have to

defend any particular approach. But that's never true after someone dies, is it. An organisation springs up around them that gets a little more orthodox and a little more rigid; and I did critique his work and some of his ethics many years after he had died.

Dr. Dave: Ah, that's what I'm picking up on. So what was your critique?

O'Hanlon: And I was excommunicated from the first church of Ericksonianism, let's just say that; and asked never to darken their doors again.

Dr. Dave: Ah, yes. You know, Jung supposedly said something along the lines of: thank god I'm not a Jungian.

O'Hanlon: I heard Carl Rogers say that too: I'm no Rogerian.

Dr. Dave: Oh yes. (laughing)

O'Hanlon: I think whoever the founders are, they don't get so attached to it having to be done in a certain way, it's a little more dynamic to them. Erickson was definitely like that, he didn't have a fixed way. He actually wanted people to come from different points of view and study with him: anthropologists, biologists, mathematicians, and therapists. He wanted to have his work viewed from many, many different approaches because he didn't want it to be closed down in any sort of way.

Dr. Dave: Yes.

O'Hanlon: So I felt I was at least in the tradition of Erickson; but I am irreverent above and beyond the call of duty sometimes, and I sometimes put my foot in it. And I put my foot in it, and that was the end of that; and they haven't invited me back since – which is a shame because I greatly admire Erickson's work, even though I do have some critiques of it after all these years.

Dr. Dave: What is your critique?

O'Hanlon: I think there are several critiques. Jay Haley said, "I spend most of my time, when I train therapists, trying to restrain them from being helpful in unhelpful ways". And Erickson absolutely believed he knew what was right for people. He manoeuvred people a lot, and I think sometimes without checking with them.

These days he would get ethical complaints against him because he didn't do a lot of informed consent. Sometimes he would hypnotise someone who didn't agree to be hypnotised when they were visiting with another patient; and he would never tell them they were in treatment.

So I think that kind of stuff is a little shaky. And again, these are minor parts of Erickson's work, but I thought they ought to be spoken about because we tend to guru-fy these people, and glorify them, and say OK good, they were great, and they had some flaws, let's all recognise those.

Another thing is that Erickson was divorced early on, and got custody of his kids; and he was like a psychotically optimistic guy. Everybody who came to see him he believed could change; and he worked his buds off and got really creative to make sure they did change. The only cases that I could see where he seemed to give up pretty quickly was couples. He seemed to just say basically, after he had seen them for a session or two, "Your couple's therapy is over"; and they would often break up. It's like he gave up, thinking you can't really change some people or some relationships. And I might give up after a while, but I try more than a couple of sessions before I would be discouraged. As a couples and family therapist I am pretty optimistic too, but occasionally you don't succeed; but I wouldn't give up quite so quickly.

And I think the third thing is that he seemed to have, at least by the time I knew him, and in some of the cases that I saw, a bit of a hang up on young pretty women, and he sometimes stepped over the boundaries with that. Now I didn't do a 60 Minutes investigation – these were cases that were in Jay Haley's book, or that he had talked about in public settings. So there were about six or eight cases in which he had women undress, he put his hand under their dress, he exposed part of their breast – just weird things like that; that were again creative and eccentric, but when you start to put six or eight together, it started to become a pattern. I actually wrote another book about Erickson's work which is out of print at this time, it's called *An Uncommon Casebook*; and it was all of Erickson's cases. And my step daughter worked with me on it, and she was in graduate school for psychology at the time, and she said, "You know some of these cases really bother me." And she said, "Erickson was a dirty old man, wasn't he?" And that was a little jarring as a phrase.

Dr. Dave: Yes.

O'Hanlon: But I thought, well he seemed to be a little hung up on exposing women's bodies; and he was such a creative therapist I think he

could have found another way to do it. So when I mentioned that in an unpublished interview that got back to the Erickson Foundation – which had been set up near his death, and after his death had thrived – they decided that was irreverence above and beyond the call of duty, and criticism that could damage Dr. Erickson. And they thought I was saying it in a mean spirited way, which I didn't think I was; but we disagreed on that, and we parted ways; and we've parted ways since then, and I've gone off in my own directions.

Dr. Dave: Yes, I really appreciate your sharing all of that, because I'm aware that Erickson pretty much elevated to the status of saint in my own mind to a large degree, but I'm always suspicious when that happens and always curious to know the other side.

O'Hanlon: Well let me just interrupt you then, but let me just add one more thing. One time I heard a story which appalled me: that someone had shown a videotape of Erickson's, and he sneezed on the videotape; and they said "Oh, that's Erickson's famous sneeze technique". And I was just appalled by that; I thought that is elevating to the level of sainthood, where even a sneeze is supposed to be a clever therapeutic manoeuvre. I think he just sneezed.

Dr. Dave: (laughing) Yes; right. Well we don't have as much time as I'd really like to have, to get into all of this.

O'Hanlon: No; because I went on and on about Erickson.

Dr. Dave: Yes but I loved it all. Let's just briefly check in to your NLP experience – Neurolinguistic Programming – which we've had one or two shows on before. Based on your experience, what do you see as the strengths and the weaknesses of that approach?

O'Hanlon: Well I studied with Bandler and Grinder in the mid 70s when they were just coming up with their stuff; and I was so excited about it, because for the first time someone was making therapeutic patterns explicit.

When I was taught psychotherapy, I was taught mostly in an anecdotal way; they didn't even have one way mirrors very much at the time, and they didn't have videotapes. The videotape that I saw was like what most people saw: it was Albert Ellis, and Fritz Pearls, and Carl Rogers seeing the same patient – Gloria – and that was the first psychotherapy I had seen, other than in the movies, and just terrible examples of it. I didn't see much

psychotherapy; I heard about it a lot, I practiced it a bit, but I was pretty clueless.

Bandler and Grinder came along and said we are going to study with the best of the best, the three people that we think are great: Milton Erickson, Virginia Satir, and Fritz Pearls – who they had access to either tapes or live observation. They came up with the linguistic and the non verbal patterns that these people used, and tried to make them explicit for therapists; and then they went out and used it for other things as well. I was so excited, because they were giving patterns, and telling you how to extract patterns. If you saw anybody who did anything great in psychotherapy you could model on them and get the patterns.

I think it started to close down as they got a little more ambitious – I would like to say greedy as well – and then they made it into a formula: and it was six step reframing, and visual auditory kinaesthetic cues. And they had all these kind of formulaic things – the swish technique – and I found it less interesting at that time. And then it got a little disrespectful, it got a lot disrespectful, to me. Richard started to kind of threaten people, including me when he would get upset – he would give you cancer, he would threaten to break my legs; and I just thought what is this? This seems incompatible with caring about people, and helping people. So I thought there was an arrogance and a meanness to it, and I just sort of drifted back out of it, after it started to become called Neurolinguistic Programming, which wasn't until 1978. In 1979 I just left, and I thought I'm much more interested in Erickson's work; I'm going to go back to that, this NLP stuff doesn't seem as great to me.

Now other people have gone on and done it in a very ethical and good way, but I drifted away from it. I occasionally still teach for NLP people; and I wrote my masters thesis on Bandler and Grinders Patterns of Communication and Change – which wasn't called NLP at the time, that was in 1977 and I finished it in 1978 and then they came up with that title of Neurolinguistic Programming. So I was in it for a while; I edited the first NLP Newsletter from 1978 to 1980. Then I was certified then in 1978, then I just drifted away into Erickson's work, and then later I developed my own approach as I mentioned: Solution Oriented Therapy.

Dr. Dave: Well let's get into that, because I'm sure you would like to share that with the world out there. Tell us a bit about Solution Oriented Therapy, and how you developed that.

O'Hanlon: Yes; I do want to share it with the world, but I want to say I am just finishing my 27th book, so I have done a lot of sharing with the world, and I've got a lot of credit for things. I'm much more interested in talking about Erickson, because I just think he is still underrated and other people should know about him, but I'll give you a quick summary.

Erickson did many, many things but one of the things he did was he tried to find what was working in people's lives; what resources and abilities they had. He was really a resource oriented therapist at base. And that influenced me so much, because what I was learning in graduate school and undergraduate school was pathology. What was wrong with people, what had damaged people, what genetic problems they had, what biochemical problems they had, what personality problems they had, what traumas they had suffered, what bad environments they'd been in, or where they were stuck. It's useful stuff to know I think, but sometimes when we focus on it we lose one part of the therapeutic benefits of things, which is people get discouraged; and we know from Jerome Frank on to more recent research of Wampold and other researchers, and Lambrecht, and all these people that have told us that hope and positive expectancy has a great deal to do with positive outcomes in psychotherapy.

Dr. Dave: Yes, yes that's a drum I beat as well.

O'Hanlon: I think it's a great drum to beat, and unfortunately, we as therapists because we have to be trained in this, like doctors have to be trained to recognise illness, but doctors aren't so well trained to recognise wellness, or enhancing wellness. Erickson was one of the early wellness doctors, if you want to talk about it, in psychiatry. He thought people did have resources and abilities, and that they were naturally healthy. Now again Maslow, and Gerard, and some other people in psychology thought that as well, but in clinical work that wasn't the main thing.

So Erickson sort of created this sweep towards health, and resources, and wellness; and I took that and made it into a thing I called Solution Oriented Therapy. Steve De Shazer, another colleague, at the same time was creating something called Solution Focussed Therapy, which is a little more formulaic; and I don't like formula much in clinical work, so I stayed away from that. But Solution Oriented is finding out what resources, abilities, previous solutions, exceptions people had; also focuses not so much on the past and what trauma has happened, but if we go back to the past we find resources and solutions. Or it focuses on the present, toward the future. And Erickson was a big future oriented psychotherapist. He thought that if people had a dream or a vision for the future, or a sense of hope and

possibility for the future, that they would often solve their own problems. So he used a lot of future oriented techniques, and I just formularised those a little more, or gave some guidelines for how do you evoke from people their resources, their competence, their abilities, and how do you give them hope towards a future without the problem.

So I call that Solution Oriented Therapy: I wrote a book about it called, *In Search of Solutions* with Michele Wiener-Davis. Then I have written about four or five other books on that particular topic: *Solution Oriented Therapy for Chronic and Severe Mental Illness*; I wrote a book on using Solution Oriented Therapy to treat sexual abuse after effects called *Even From a Broken Web*; I have written books on brief couple's therapy from a solution oriented point of view. This tends to be a briefer therapy and then because it was getting confused – yes, go ahead.

Dr. Dave: I was going to say, it is very timely, given the pressures of managed care, where there have been a lot of pressure to shorten up therapy, to be able to handle more people more quickly. So it's very timely.

O'Hanlon: It's sort of what made it take off, but I had come up with it before managed care and those pressures came along; because I was excited about if you can tap into people's resources, they can change pretty quickly. If you have to correct their deficits, it's going to take a longer time.

So it was a naturally briefer therapy; and when managed care and all the pressures from third party funders came along and said we need to see results, and we don't want to spend all our budget on seeing people for two or three years if it's not necessary. And the research was showing that the average number of outpatient sessions, no matter what your theoretical orientation was in North America was four to six sessions. But that wasn't true for every therapist: some therapists were seeing people an average seventy-two sessions, or twenty-six sessions.

Dr. Dave: Right, yes.

O'Hanlon: So they said if the average is four to six sessions, why don't we train everybody so we can at least do brief therapy for the vast majority of people who can benefit from therapy briefly, and then keep some more of the resources – that was the original theory – keep some more of the resources for the really chronic and severely disturbed people who are going to need hospitalisations and longer care, and more frequent care.

Now that isn't the way it actually came out with managed care, it turned out to be a money saving technique; which I was disappointed in when it all fell out. But initially the vision of managed care was: let's be very efficient with people we can be, and not just because the therapists have a bias towards long term therapy, let's just do long term therapy for everybody. And if we can be very efficient with the people who can benefit from brief therapies or shorter term therapies, then we can have the resources to treat even more people, or the people who need more extensive or intensive care.

Dr. Dave: Yes. I don't know if you can answer this next question or not (laughing). But you've written 27 books, you do workshops all over the country and even all over the world, you run a clinic, you see clients, you are a husband and a father I think. How do you do it all?

O'Hanlon: Well, let me say a few things. I don't do clinical work anymore, like you I've given it up; I only write and teach, that's within the last few years. I had four kids: I was a step parent and a biological parent, and that was a challenging time. I wrote ten books in ten years with four kids; and a half time practice; and a half time teaching, writing life – professional life. And I didn't get much sleep, let's say that; and I like to sleep. But what drove me or pulled me, I guess I'd rather say – because I don't feel so driven, I'm kind of a lazy guy – what pulled me was my passion. I don't think – you're doing this podcast, you're doing this interview – there is no way you would take this extra time unless you had a passion.

Dr. Dave: Oh that's true.

O'Hanlon: In psychology you are talking to people, it pulls you through a lot. If you find what it is that you love to do, or what it is that you are upset about. I say there are two energies that pull people in life: one is what blisses them out, and one is what pisses them off. So I was sort of both: I loved Erickson's work and I loved psychotherapy, I thought it was a sacred calling; and I was sort of pissed off that there was some discouraging stuff.

Now in psychology all this positive psychology stuff with Martin Seligman leading the way has come out, but at the time there wasn't much positive psychology. It was almost always analysing the negativity or the problems of people; and that pissed me off because I thought a lot of my colleagues aren't seeing the strengths and the wellness in people. And it upset me because I thought they are dismissing people's possibilities for change; and that is what pulled me to write books and teach workshops.

I was a shy person at the time; I wasn't a naturally good writer, I had to learn to write and I had to learn to teach and get over my fears at public speaking. But that is what pulled me through and that's what continually – I think I have written enough books, 27 books is enough, and then I'll wake up in the middle of the night with a new idea that I'm so excited about I can't stop myself from getting up in the middle of the night and jotting down the outline. It annoys me, I'd rather sleep actually, but I feel such a calling to contribute to the world, and if I have something that can contribute and touch one person's life then that's good enough for me.

I wrote a book and I was on Oprah, and this woman contacted me and told me a year after the book was out how it had changed her life. She had gotten out of a serious addiction to pain killers by reading my book, and I thought OK, it's all over bar the shouting for me; I can die now, I've done my job on the planet. One person at least – and I know I've probably touched more than that – but she told me a story that made my whole book writing career worthwhile; because I had gotten her out of an addiction and perhaps saved her life. I had never met her; and there is nothing more satisfying than that for me in my professional life.

Dr. Dave: Well that's a wonderful place for us to close, and I really want to thank you for giving me this interview. I'm going to get into one of your workshops somewhere, sometime. I'd love to meet you and hang out with you.

O'Hanlon: Well thank you so much. I listen to your podcasts and I'm totally fascinated by some of the people you've had on. I recommend to people listening to this one: go listen to some of the others – they are great. You are a great interviewer and you have fascinating people on.

Dr. Dave: OK, thanks a lot; you've been shrunk and rapped.

O'Hanlon: (laughing) OK.

Dr. Dave: Bye bye.